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PTO/SB/01 (10-00)

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	A080 US CP
	First Named Inventor	Browning
	COMPLETE IF KNOWN	
	Application Number	10/077,438
	Filing Date	February 15, 2002
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Baff Receptor (BCMA), An Immunoregulatory Agent

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

February 15, 2002

as United States Application Number or PCT International

Application Number

10/077,438

and was amended on (MM/DD/YYYY)

(if applicable).

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
PCT/US00/22507	PCT	08/16/2000	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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60/181,684	02/11/2000	
60/183,536	02/18/2000	

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☐ Customer Number OR ☒ Correspondence address below

Name Timothy P. Linkkila

Address BIOGEN, INC.

Address 14 Cambridge Center

City Cambridge

State MA

ZIP 02142

Country USA

Telephone (617) 679-3795

Fax (617) 679-2838

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventor

Given Name Browning
(first and middle [if any])

Family Name Jeffrey
or Surname

Inventor's
Signature

Date

Residence: City Brookline

State MA

Country US

Citizenship US

Mailing Address 32 Milton Road

Mailing Address

City Brookline

State MA

ZIP 02146

Country US

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name Ambrose
(first and middle [if any])

Family Name Christine
or Surname

Inventor's
Signature

Date

Residence: City Reading

State MA

Country US

Citizenship US

Mailing Address 197 Wakefield Street

Mailing Address

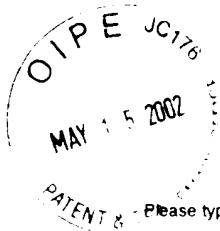
City Reading

State MA

ZIP 01867

Country US

☐ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto



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ADDITIONAL INVENTOR(S) Supplemental Sheet

Page ____ of ____

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])				Family Name or Surname			
MacKay				Fabienne			
Inventor's Signature						Date	
Residence: City	Vaucluse	State	NSW	Country	AU	Citizenship	AU
Post Office Address	1 Belah Gardens						
Post Office Address							
City	Vaucluse	State	NSW	ZIP	2030	Country	AU

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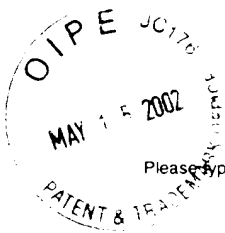
Given Name (first and middle [if any])				Family Name or Surname			
Tschopp				Jurg			
Inventor's Signature	<i>J. Tschopp</i>					Date	20.2 May 1
Residence: City	Epalinges	State		Country	CH	Citizenship	CH
Post Office Address	10 chemin des Fontannins						
Post Office Address							
City	Epalinges	State		ZIP	Ch-1066	Country	CH

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])				Family Name or Surname			
Schneider				Pascal			
Inventor's Signature	<i>P. Schneider</i>					Date	May 1 2002
Residence: City	Epalinges	State		Country	CH	Citizenship	CH
Post Office Address							
Post Office Address							
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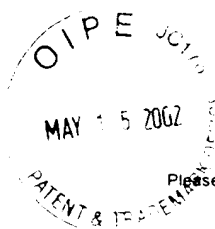
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Given Name (first and middle [if any])				Family Name or Surname			
Thompson				Jeffrey			
Inventor's Signature					Date		
Residence: City		Stoneham	State	MA	Country	02180	Citizenship
Post Office Address		60 Newcomb Road					
Post Office Address							
City		Stoneham	State	MA	ZIP	02180	Country
Country		02180					
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Inventor's Signature					Date		
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Country							
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Direct all correspondence to:

☐ Customer Number
or Bar Code LabelOR ☒

Correspondence address below

Name

Timothy P. Linkkila

Address

BIOGEN, INC.

Address

14 Cambridge Center

City

Cambridge

State

MA

ZIP

02142

Country

USA

Telephone

(617) 679-3795

Fax

(617) 679-2838

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventorGiven Name Browning
(first and middle [if any])Family Name
or Surname

Jeffrey

Inventor's
Signature*Jeffrey Browning*

Date

4/29/02

Residence: City

Brookline

State

MA

Country

US

Citizenship

US

Mailing Address

32 Milton Road

Mailing Address

City

Brookline

State

MA

Country

US

NAME OF SECOND INVENTOR:

ed for this unsigned inventor

Given Name Ambrose
(first and middle [if any])

Christine

Inventor's
Signature*Christine Ambrose*

Date

4/29/02

Residence: City

Reading

Citizenship

US

Mailing Address

197 Wakefield Street

Mailing Address

City

Reading

State

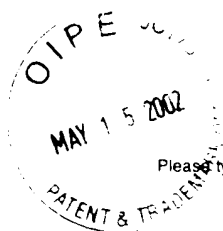
MA

ZIP

Country

US

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ADDITIONAL INVENTOR(S) Supplemental Sheet Page ____ of ____

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MacKay				Fabienne			
Inventor's Signature				Date			
Residence: City	Vaucluse	State	NSW	Country	AU	Citizenship	AU
Post Office Address	1 Belah Gardens						
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Tschopp				Jurg			
Inventor's Signature				Date			
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Schneider				Pascal			
Inventor's Signature				Date			
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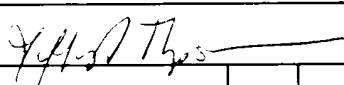
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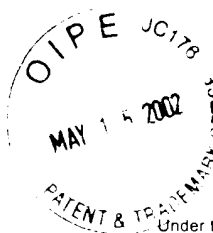
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Name Timothy P. Linkkila

Address BIOGEN, INC.

Address 14 Cambridge Center

City Cambridge

State MA

ZIP 02142

Country USA

Telephone (617) 679-3795

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Given Name Browning
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Family Name Jeffrey
or Surname

Inventor's
Signature

Date

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State MA

Country US

Citizenship US

Mailing Address 32 Milton Road

Mailing Address

City Brookline

State MA

ZIP 02146

Country US

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name Ambrose
(first and middle [if any])

Family Name Christine
or Surname

Inventor's
Signature

Date

Residence: City Reading

State MA

Country US

Citizenship US

Mailing Address 197 Wakefield Street

Mailing Address

City Reading

State MA

ZIP 01867

Country US

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O I P E JC178
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Tschopp				Jurg			
Inventor's Signature						Date	
Residence: City	Epalinges	State		Country	CH	Citizenship	CH
Post Office Address 10 chemin des Fontannins							
Post Office Address							
City	Epalinges	State		ZIP	Ch-1066	Country	CH

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Schneider				Pascal			
Inventor's Signature						Date	
Residence: City	Epalinges	State		Country	CH	Citizenship	CH
Post Office Address							
Post Office Address							
City	Epalinges	State		ZIP	Ch-1066	Country	CH

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page ____ of ____

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Thompson				Jeffrey			
Inventor's Signature				Date			
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				Country		02180	
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City		Stoneham		State		MA	
				ZIP		02180	
				Country		02180	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
Residence: City				State			
				Country			
Post Office Address				Citizenship			
Post Office Address							
City				State			
				ZIP			
				Country			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
Residence: City				State			
				Country			
Post Office Address				Citizenship			
Post Office Address							
City				State			
				ZIP			
				Country			

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